

Reorder Form No. LC134-5-585
 LUSTRE-CAL NAMEPLATE CORPORATION
 Post Office Box 439 • Lodi, California 95241

**TYPE OR PRINT LEGIBLY—PRESS DOWN HARD
 CHECK LAST COPY FOR PENETRATION**

Licensee (print last name first)		Manufacturer's Serial No.		License No.
Phone	Date Stolen	Date Recovered	Stamped by Registrar on Bicycle	Date Issued
(log details on reverse side)				
Birth Date			Date Expires	
Street			Fee Paid	
City			Issued by	
Ownership Transfer or Change of Address (date)			School or Employer	
Make/Model			Dealer or Previous Owner (name—location)	
<input type="checkbox"/> NEW <input type="checkbox"/> USED				
FRAME <input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS <input type="checkbox"/> HEAVYWEIGHT <input type="checkbox"/> MEDIUMWEIGHT <input type="checkbox"/> LIGHTWEIGHT <input type="checkbox"/> DOUBLE BAR <input type="checkbox"/> SINGLE BAR <input type="checkbox"/>	BRAKES <input type="checkbox"/> HAND <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> COASTER Make _____	HUB <input type="checkbox"/> COASTER <input type="checkbox"/> 3 SPEED <input type="checkbox"/> 5 SPEED <input type="checkbox"/> 10 SPEED <input type="checkbox"/> 15 SPEED <input type="checkbox"/>	COLORS Frame _____ Fenders _____ <input type="checkbox"/> Front <input type="checkbox"/> Rear Rims _____ Trim _____	ACCESSORIES <input type="checkbox"/> LOCKING DEVICE <input type="checkbox"/> LEGAL REFLECTORS
	WHEELS <input type="checkbox"/> 16 <input type="checkbox"/> 24 <input type="checkbox"/> 27 <input type="checkbox"/> 20 <input type="checkbox"/> 26 <input type="checkbox"/> 28 <input type="checkbox"/>	SEAT Make _____		